

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>Y/M</i>		09/24/01
<b>O.I.P.E. CLASSIFIER</b>	<i>CHW</i>	50	09-29-01
<b>FORMALITY REVIEW</b>	<i>CV</i>	503	10-12-01

*Request 995*  
INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

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